

WATERFORD TOWN PARK SUMMER PROGRAM

Registration Form

PARTICIPANT'S NAME: _____ PHONE: _____

PARENTS NAME: _____ CELL: _____

ADDRESS: _____ CITY: _____

EMER. CONTACT: _____ PHONE: _____

RELATIONSHIP: _____

EMAIL ADDRESS: _____

MEDICAL CONDITIONS/MEDICATIONS: _____

ALLERGIES/ETC: _____

ATTENDANCE RECORD

Please circle the days of the week your child/children will be attending the program.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

WAIVER AND RELEASE OF CLAIMS

Thank you for participating in the summer program at Waterford Town Park. We ask that you please read the following statements carefully. By signing this form, you acknowledge that the participation in the summer program by the above registrants waives and releases all claims for injuries, damages, or losses incurred from the Waterford Town Park Summer Program.

FAILURE TO SIGN AND DATE THIS FORM WILL NULLIFY THE ABOVE REGISTRATION(S).

"In participating in the summer program at the Waterford Town Park, I assume any and all risk of injury, damage and/or losses sustained during the above program, and hereby give up any and all claims for damage against the Waterford Town Board and their officers, agents, employees and volunteers."

"I have read and fully understand the above waiver and release of claims."

SIGNED: _____ **DATE:** _____

*If under 18 years of age, parent or guardian must sign.

_____ I do **not** want my child's photo taken for use in publications, flyers, and brochures.

Checks payable to: Michelle Michalik

Return registration to:

Waterford Town Hall
415 N. Milwaukee St.